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## Ad Hoc Inter-Agency Task Force on Tobacco Control

### Report of the Secretary-General

*Summary*

The present report responds to Economic and Social Council decision 2006/248 requesting the Secretary-General to report to the Council at its substantive session of 2008 on progress made by the Ad Hoc Inter-Agency Task Force on Tobacco Control in the implementation of multisectoral collaboration on tobacco or health.

The report describes the burden of tobacco consumption using recent data from the World Health Organization (WHO) Report on the Global Tobacco Epidemic, 2008, then focuses on specific areas of concern for tobacco control where inter-agency collaboration can be important, including exposure to second-hand smoke, particularly the issue of smoking at United Nations premises, issues relating to tobacco growing and alternatives to tobacco, the link between tobacco and development, gender and tobacco and concerns regarding tobacco industry activities and corporate social responsibility. The report also provides an update on the WHO Framework Convention on Tobacco Control and its implementation.

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# I. Origins of the Ad Hoc Inter-Agency Task Force on Tobacco Control and update on its activities

1. In its resolution 1993/79 of 30 July 1993, the Economic and Social Council requested the Secretary-General to establish, under the auspices of the World Health Organization (WHO) and from within existing resources, a focal point among existing institutions of the United Nations system on the subject of multisectoral collaboration on the economic and social aspects of tobacco production and consumption, taking into particular account the serious health consequences of tobacco use. The United Nations Conference on Trade and Development (UNCTAD) was given this responsibility. Between 1993 and 1998, the focal point submitted three reports to the Secretary-General at the Council's substantive sessions of 1994, 1995 and 1997 (E/1994/83, E/1995/67 and Add.1, and E/1997/62).

2. In 1999, the Secretary-General agreed to the designation of an Ad Hoc Inter-Agency Task Force on Tobacco Control under the leadership of WHO, thereby replacing the focal point arrangement located at UNCTAD. This decision was taken in order to intensify a joint United Nations response and to strengthen global support for tobacco control. The establishment of the Task Force was endorsed by the Organizational Committee of the Administrative Committee on Coordination, at its first regular session of 1999, held in Geneva on 12 and 13 April 1999 (see ACC/1999/2, sect. VII).

3. In accordance with resolution 1999/56 adopted by the Council at its substantive session of July 1999 endorsing the establishment of the Task Force under WHO leadership, the Secretary-General reported to the Council at its substantive session of 2000 (E/2000/21) on progress made by the Task Force in the implementation of multisectoral collaboration on tobacco or health. Three reports were presented at the substantive sessions of 2002, 2004 and 2006. The present report responds to Council decision 2006/248 requesting the Secretary-General to report to it on the work of the Task Force at its substantive session of July 2008.

4. The members of the Task Force are the Department of Economic and Social Affairs of the United Nations Secretariat; the Food and Agriculture Organization of the United Nations (FAO); the International Civil Aviation Organization; the International Labour Organization (ILO); the International Monetary Fund (IMF); the secretariat of the WHO Framework Convention on Tobacco Control (FCTC); the United Nations Children's Fund (UNICEF); UNCTAD; the United Nations Development Fund for Women; the United Nations Development Programme (UNDP); the United Nations Educational, Scientific and Cultural Organization (UNESCO); the United Nations Environment Programme (UNEP); the United Nations Fund for International Partnerships (UNFIP); the United Nations Office on Drugs and Crime; the United Nations Population Fund (UNFPA); the World Bank; the World Customs Organization; WHO; the World Intellectual Property Organization; and the World Trade Organization.

5. Since 1999, the Task Force has met seven times. The seventh session was held on 21-22 February 2008 at United Nations Headquarters in New York. Representatives of ILO, UNESCO, UNICEF, UNEP, FAO, WHO, the Global Compact, the Department of Economic and Social Affairs, the Department for General Assembly and Conference Management and the secretariat of the Convention participated in the session. Representatives from the Permanent

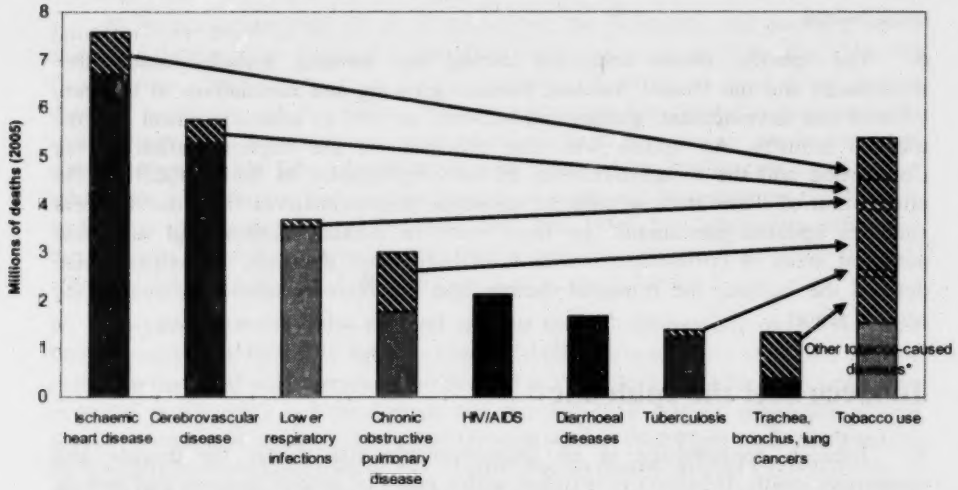
Missions of Belarus, Brazil, China, Egypt, the European Commission, Germany, India, Indonesia, Italy, Japan, the Republic of Korea, Pakistan and the Russian Federation participated as observers. Participants discussed a variety of issues related to tobacco for which different agencies can provide an important contribution.

6. The specific issues discussed during the meeting included smoke-free workplaces and the United Nations, tobacco growing and alternatives to tobacco, tobacco and development, gender and tobacco, as well as tobacco control and the tobacco industry. An update was also provided on the implementation of the Convention and the recent outcomes of the negotiations on the protocol on the elimination of illicit trade in tobacco products. Representatives from the different agencies updated participants on their work in tobacco control and discussed potential areas of collaboration with WHO and other agencies. Participants also defined the outline, the principal themes and the main recommendations of the present report.

## II. Tobacco use: the epidemic

7. Tobacco consumption is an unquestionable risk factor for disease and consequent death. Tobacco use is linked with a range of serious diseases that include various cancers (lung, trachea, bronchus, mouth, stomach, oesophagus, etc.), cardiovascular (ischaemic heart disease, cerebrovascular disease, etc.), respiratory and digestive diseases (see figure 1). Seventy-one per cent of all cases of trachea, bronchus and lung cancers are due to tobacco use, and up to 42 per cent of deaths from chronic obstructive pulmonary diseases could be prevented if people did not smoke. In 2000 tobacco use was classified as the second major cause of death in the world and the fourth most common risk factor for disease worldwide.

Figure 1
**Tobacco use is a risk factor for six of the eight leading causes of death in the world**




*Note*: Hatched areas indicate proportions of deaths that are related to tobacco-use and are coloured according to the column of the respective cause of death.
*Source*: WHO Report on the Global Tobacco Epidemic, 2008.

8. Of the more than 1.3 billion smokers alive today, 650 million — at least half — will eventually be killed by tobacco. Unlike most other causes of death, tobacco kills people during their most productive years. A recent study estimated that smoking caused 5.4 million deaths in 2005. The number of deaths is expected to increase to 8.3 million in 2030 with more than 80 per cent occurring in developing countries. Overall, the share of tobacco-related diseases in the total disease burden worldwide is expected to climb from 2.6 per cent in 1990 to almost 10 per cent in 2015, killing more people than any single disease, including being responsible for 50 per cent more deaths than HIV/AIDS. As will be seen in the next section of the report, tobacco use is not only a health issue. Its implications go beyond the health sector, hence the importance of addressing the problem in a multisectoral manner. In this context, the collaboration of the different agencies is key, particularly in the context of implementation of a set of tobacco control measures that effectively reduce the burden of disease.

9. In February 2008, WHO released a new report on the global tobacco epidemic. The report presents the first comprehensive analysis of global tobacco use and control efforts, based on data from 179 countries. It provides countries with a road map to reverse the devastating global tobacco epidemic that could kill up to 1 billion people by the end of this century. The report outlines the MPOWER package, a set of six key tobacco control measures that reflect and build on the demand reduction measures of the Convention. MPOWER stands for:

– *Monitor tobacco use and prevention policies*. Good monitoring tracks the extent and evolution of the epidemic and indicates how best to tailor policies.

Currently, half of countries — two in three in the developing world — do not have even minimal information about tobacco use.

– *Protect people from tobacco smoke in public places and workplaces*. As there is no safe level of exposure to second-hand tobacco smoke, the only way to safeguard people's health is a total ban on smoking at work and in public places, which has the added benefit of helping tobacco users to give up their habit. Nevertheless, only 5 per cent of the global population is currently protected by smoke-free legislation.

– *Offer help to people who want to stop using tobacco*. Among smokers who are aware of the dangers of tobacco, three out of four want to quit. Counselling and medication can double the chance that a smoker who tries to quit will succeed. Globally, comprehensive national services supporting cessation are available only in nine countries.

– *Warn people about the dangers of tobacco*. Few tobacco users understand the full extent of the risk that tobacco poses to their health. Proven communications strategies and standards, such as graphic warning labels, are infrequently employed to educate the public, even though these are both effective and inexpensive. Pictures are more powerful deterrents than words on tobacco packaging warnings, but only 15 countries, representing 6 per cent of the world's population, mandate pictorial warnings. Just five countries, with 4 per cent of the world's population, meet the highest standards for pack warnings.

– *Enforce bans on tobacco advertising, promotion and sponsorship*. Widespread advertising falsely associates tobacco with desirable qualities. Studies have found that advertising bans can lower tobacco consumption. Only 5 per cent of the world's population currently lives in countries with comprehensive national bans on tobacco advertising, promotion and sponsorship.

– *Raise tobacco taxes and prices*. Tobacco taxes are the most effective way to reduce tobacco use, especially among young people and the poor. Only four countries, representing 2 per cent of the world's population, have tax rates greater than 75 per cent[1] of the retail price. In countries with available information, tobacco tax revenues are more than 500 times higher than spending on tobacco control. In low- and middle-income countries, tobacco tax revenues are more than 9,000 and 4,000 times higher than spending on tobacco control, respectively.

10. The implementation of the MPOWER policies is included in the draft WHO action plan for the prevention and control of non-communicable diseases for 2008-2013 as a key element of tobacco control. This action plan will be submitted to the Sixty-first World Health Assembly; it aims to implement the global strategy for the prevention and control of non-communicable diseases established as a priority by the Director-General of WHO.

[1] The 75 per cent tax incidence on retail price has been used in the report as a benchmark, not an optimum level.

# III. Tobacco use and production: key areas of concern

## A. Smoke-free workplaces

11. Second-hand smoke causes over 30 adverse health conditions, including stroke, heart diseases, vascular diseases and a number of cancers such as lung, uterus, bladder and kidney cancers. According to survey data gathered from youth aged 13-15 years, prevalence of exposure to tobacco smoke can be above 80 per cent in Europe, above 60 per cent in the Americas and around 50 per cent in Africa, South-East Asia, Western Pacific and the Eastern Mediterranean regions. Surveys undertaken in countries and/or other instances where a complete ban on smoking has been implemented show that support for these policies can be very high: close to 90 per cent in Ireland, 80 per cent in Uruguay and above 75 per cent in California and New York City. Experience from countries has also shown that these measures are so widely embraced that over time they become virtually self-enforcing.

12. Based on evidence, the recent WHO policy recommendations on protection from exposure to second-hand smoke state that:

(a) Because there is no safe level of exposure to second-hand smoke, implementation of 100 per cent smoke-free environments is the only strategy proved to provide an acceptable level of protection from the dangers of second-hand smoke exposure;

(b) All indoor workplaces and public places should be required by law to be 100 per cent smoke-free environments;

(c) Smoke-free environment laws should be effectively implemented and enforced, drawing on lessons learned from existing smoke-free jurisdictions; and

(d) Educational strategies should be implemented to reduce second-hand smoke exposure in the home.

13. Another important achievement in the area of smoke-free policies is the development and adoption of the guidelines for implementation of article 8 of the Convention by the second session of the Conference of the Parties to the Convention held in Bangkok, 30 June-2 July 2007. The guidelines aim to assist Parties in meeting their obligations under article 8 on protection from exposure to tobacco smoke, consistent with scientific evidence and best practice worldwide in the implementation of smoke-free measures. They also aim to identify the key elements of legislation necessary to effectively protect people from exposure to tobacco smoke. One underlying consideration for developing these guidelines is that the "duty to protect from tobacco smoke ... is grounded in fundamental human rights and freedoms". Based on the WHO policy recommendations on protection from exposure to second-hand smoke, the guidelines set the principles for the good implementation of smoke-free policies.

14. The guidelines highlight the obligation for Parties "to provide universal protection by ensuring that all indoor public places, all indoor workplaces, all public transport and possibly other (outdoor or quasi-outdoor) public places are free from exposure to second-hand tobacco smoke. No exemptions are justified on the basis of health or law arguments". The guidelines also note that "protection should be provided in all indoor or enclosed workplaces, including motor vehicles used as places of work (for example, taxis, ambulances or delivery vehicles)" and that

Parties "... should act to adopt the most effective protection against exposure wherever the evidence shows that a hazard exists". The guidelines also note the importance and the means for informing, consulting and involving the public about the ban to ensure support and smooth implementation. Elements including enforcement, monitoring and evaluation practices are also described.

15. An interesting new non-governmental organization initiative is the Global Smokefree Partnership, a multipartner initiative formed to promote effective smoke-free air policies worldwide. It is coordinated by the American Cancer Society and the Framework Convention Alliance. It is designed to help practitioners and advocates of smoke-free policies access the evidence for smoke-free policies, request assistance from a network of experts and take action in support of smoke-free policies. Its major partners are leading tobacco control organizations from every region of the world. Its main priority is to promote the implementation of article 8 of the Convention. The other priorities are related to the commitment to manage international campaigns, including one for a smoke-free United Nations. A call for support from public health groups around the world initiated in late 2007 received a strong and immediate response from over 160 groups. Through the partnership, non-governmental organizations are well organized internationally to strongly support a smoke-free United Nations policy.

**Economic and Social Council resolution on smoke-free United Nations premises**

16. The resolution on smoke-free United Nations premises (2006/42) was adopted by the Member States of the Council at its substantive session of July 2006 (see annex I for the full text of the resolution). The resolution:

- Recommended that the General Assembly, at its sixty-first session, consider the implementation of a complete ban on smoking at all United Nations indoor premises, at Headquarters as well as at regional and country offices throughout the United Nations system, and the implementation of a complete ban on sales of tobacco products at all United Nations premises;
- Also recommended that the General Assembly request the Secretary-General to submit a report on the implementation of the present resolution to the Economic and Social Council at its substantive session of 2008.

17. No action was taken by the General Assembly to consider the Council's recommendation at its sixty-first or sixty-second sessions.

**Results of the survey on the status of the smoking ban in the United Nations system**

18. During the adoption of the Council's resolution on smoke-free United Nations premises in 2006, some countries requested WHO to look at the extent of existing bans in the different United Nations offices and agencies. Consequently, a survey, targeting the headquarters of the different United Nations entities was undertaken by staff of the WHO Tobacco Free Initiative. Using the United Nations system chart as a basis,[2] an assessment was made of the offices of all entities of the Organization, many of which are co-located in the same premises. The units in charge of the smoking ban in each entity were then identified and contacted by phone and e-mail.

[2] Including agencies, funds, commissions and institutes affiliated with the United Nations.

The survey was designed to collect the following information: status of the ban, originator of the ban (requested, when available, a copy of the decision), date of enactment, likely compliance and occurrence of tobacco sales.

19. In summary, there are more than 50 entities listed in the official United Nations chart but they are located on around 30 premises. The United Nations offices of New York, Geneva, Vienna and Nairobi host a large number of departments and offices of the Secretariat, programmes, funds, subsidiary bodies, commissions, agencies and other institutions. Results of the survey show that 61 per cent of the agencies/premises implemented a complete ban on smoking, while 39 per cent implemented a partial ban. Premises were considered having a complete ban if no smoking was permitted anywhere indoors. Sixty-three per cent of the agencies/premises reported good compliance with the policy, while 26 per cent reported average compliance and 8 per cent weak compliance. For 79 per cent of the agencies/premises, the decision to ban smoking was an administrative decision, while in 21 per cent of cases it was an administrative decision following a request from Member States or staff/staff associations.

20. In 63 per cent of the agencies/premises, tobacco products were not sold on the premises; tobacco sales were allowed on 34 per cent of the agencies/premises. On WHO premises, for example, tobacco sales were permitted until 1971. They were banned afterwards, following a renegotiation of the contract between WHO and the shop operating on its premises. An amendment including a new clause was added to the contract specifically excluding the sale of tobacco products. In the organizations selling tobacco products, the sale is made by outside vendors who have a contractual arrangement with the organization. The survey team believed, based on the experience of WHO and other organizations that used to sell tobacco products on their premises, that changing a contract to exclude the sale of tobacco, when based on a firm decision by the Organization to ban the sale of tobacco products, is not complicated. The concern raised about the renegotiation of the contract with the vendor can only be secondary, given how smoothly the renegotiations have gone in all the cases examined.

21. In conclusion, it is clear that a smoking ban is now a commonly accepted policy in most United Nations entities, with the relevant administrative decisions passing smoothly in most settings. Additionally, banning the sale of tobacco products does not seem to be a complex endeavour. A General Assembly resolution on smoke-free United Nations premises could help strengthen the United Nations stance on the smoking ban in the workplace and ensure that the Organization is in line with the global norms approved by consensus by over 150 Parties to the Convention, representing over 80 per cent of the population.

**Action points**

22. The global momentum created by the increasing adherence to the right to enjoy smoke-free air should not be missed. The increasing number of countries (such as Bhutan, Estonia, France, Iran, Ireland, Italy, Malta, New Zealand, Norway, Sweden, Uganda and Uruguay) implementing smoke-free air laws and the adoption of the guidelines for article 8 of the Convention by the Parties, which number over 150, is a very strong sign of support for the implementation of smoke-free places. The United Nations survey on smoking bans shows encouraging results, with the majority of United Nations premises already smoke-free. Member States of the

Council may wish to reiterate their support for smoke-free United Nations premises and request the General Assembly to consider this matter at its sixty-third session.

## B. Tobacco growing and alternatives to tobacco

23. FAO estimates of production trends for 2010 show that production is decreasing in developed countries while it is expanding in the developing world. In the early 1970s, developing countries produced little under 60 per cent of the world's tobacco; by 2010, they could be producing more than 80 per cent. This reflects both the lower cost of production and a marked increase in demand in the developing countries.

24. However, it is important to note that profitability of tobacco cultivation cannot be sustained in the long run. At the global level, there is oversupply of tobacco leaves, the global prices are decreasing and the improved production technology of cigarettes is requiring less tobacco leaves to be included in cigarettes.

25. The health and socio-economic impacts of tobacco growing are also issues of concern. Among the health risks associated with tobacco growing are green tobacco sickness and exposure to dangerous pesticides, tobacco dust and injuries. Tobacco growing can also lead to environmental degradation through deforestation, contamination of water supplies because of pesticide use and soil degradation because of the intensive use of fertilizers. Tobacco farmers have very little or no bargaining power on grade and price determination, they have limited opportunities for loans with affordable rates and because they often get loans — including inputs — from the tobacco industry, they have their hands tied and depend on the industry's decision-making. Due to the high labour intensity of the crop, child labour is also found in tobacco farming. Protection of the health of workers should be encouraged and facilitated through government aid and industry enforcement of regulation.

### Study group on economically sustainable alternatives to tobacco growing

26. The ad hoc study group on alternative crops, open to interested Parties to the Convention, was established at the first session of the Conference of the Parties in February 2006. The aims of the study group are to explore existing economically viable alternatives for tobacco-related workers, growers and, as the case may be, individual sellers; recommend to the Conference mechanisms to assess the impact over time of the tobacco companies' practices; recommend cost-effective diversification initiatives; and report on initiatives that are being taken at the national level in accordance with article 17 (on provision of support for economically viable alternative activities). The Conference also mandated the study group to work closely with competent international organizations, cooperating with the Ad Hoc Inter-Agency Task Force on Tobacco Control.

27. The first meeting of the study group was hosted by the Government of Brazil and took place in Brasilia in February 2007. The meeting was attended by 70 participants from 13 countries representing the 6 regions of WHO. Some of the key conclusions of the meeting were that there was insufficient research on the health, environmental and socio-economic impacts of tobacco growing and that there was a need for deeper analysis of the financial factors of crop substitution, particularly targeting the case of small farmers. One day before the first meeting of

the study group, WHO held a one-day public hearing on agricultural diversification and crop alternatives to tobacco on 26 February 2007 in Brasilia. The purpose of the hearing was to ensure that all viewpoints were represented at the event. A total of 30 statements were made by the public health sector, growers, the Government and the tobacco industry.

28. In July 2007, the progress report of the study group was presented to the second session of the Conference. Thereupon, the Conference decided to continue the work of the study group, now called the Study group on economically sustainable alternatives to tobacco growing, in collaboration with relevant intergovernmental organizations, in particular the members of the Ad Hoc Inter-Agency Task Force on Tobacco Control, such as FAO, ILO and the World Bank, as well as relevant non-governmental organizations accredited as observers to the Conference. The second meeting of the study group will be hosted by the Government of Mexico and will take place from 17 to 19 June 2008 in Mexico City.

29. The aim of this meeting is to expand the scope of work by updating experiences from the first meeting of the study group and introducing recent experiences and cross-national reviews, as well as to move forward the discussion of policy tools conducive to the implementation of economically sustainable alternatives to tobacco growing. The meeting also aims to engage a wider participation from interested Governments, as well as the expertise from specialized intergovernmental and non-governmental organizations.

**Action points**

30. Tobacco is a lucrative crop but it is costly to grow and its cultivation results in negative health and socio-economic implications. The search for alternative livelihoods — at least for diversification purposes — should continue and options should be given to farmers who wish to switch to other crops. The work of the study group of the Conference is essential and should be encouraged. The technical input and institutional support from specialized intergovernmental agencies, in particular members of the Task Force such as FAO, ILO and the World Bank, is crucial to the progress of the study group and needs to be concretized and sustained over time.

## C. Tobacco and development

31. Tobacco and poverty create a vicious circle. While tobacco prevalence is higher among the poor, expenses on tobacco can represent high opportunity costs and can move important resources away from essential needs such as education and health. The increased health expenditure due to disease and deaths attributable to tobacco use is often imposed on poor families, especially in developing countries where health coverage is low. Estimates of the total economic cost of tobacco illnesses and deaths for some developing countries can be as high as US$ 2 billion (2000 data) in the case of Bangladesh.

32. In terms of prevalence of tobacco use, comparable data from the World Health Survey has been compiled for 70 countries from all levels of development. Data in countries such as China and India show that smoking prevalence among the poorest groups for both daily and regular smokers can be sometimes more than twice as high as prevalence among the highest income quintile. This tendency is consistent among low and lower middle-income countries. However, this difference tends to flatten as

the level of development of a country increases. This indicates that tobacco use is a development issue and as countries move up in their income level, inequity in prevalence decreases.

33. The burden on the poor is even more important as data show that in addition to having the highest proportion of users, the poor tend to consume tobacco as much as the rich. In terms of opportunity cost, evidence from countries such as the Philippines shows that poor households spend more on tobacco than on education, health or clothing. In terms of minutes of labour, in Chile, China and India a person needs to work more than three times to buy a pack of local cigarettes in comparison with a kilogram of rice. The difference can be five times or more in countries such as Colombia or Thailand.

34. Building on the work on tobacco and poverty, WHO organized an Intercountry Meeting on Tobacco Control, Poverty Reduction and the Millennium Development Goals in Bangladesh in August 2007 with representatives from Bangladesh, Myanmar and Nepal as well as United Nations agencies based in those countries. The aim of the meeting was to review progress of tobacco control in Bangladesh, Myanmar and Nepal in the context of poverty reduction and the Millennium Development Goals and the status of implementation of Council resolution 2006/42. Participants developed a plan of activities aimed at advancing the work on tobacco and poverty. A recommendation was also made to review the current inclusion of tobacco control activities in the development strategies of countries.

35. It is interesting to note that prevalence of tobacco use has been recently included as an indicator of sustainable development. The Commission on Sustainable Development (CSD) mandated the development of indicators of sustainable development in 1995. The indicators serve as points of reference for countries to develop national indicators of sustainable development. The third edition was published by the Department of Economic and Social Affairs in October 2007. The CSD indicators consist of 96 indicators of sustainable development, of which 50 are regarded as core indicators. The indicator on prevalence of tobacco use has been included as a new indicator in the recent publication under "health", which is one of the 15 themes in the framework of the CSD indicators.

36. The indicator is defined as the number of adults of age 15 or over who reported in a nationally representative survey to be a daily smoker of any tobacco product, divided by the number of survey respondents adjusted for non-responses. Countries are invited to consider the indicator on prevalence of tobacco use whenever developing new or revising existing national indicators of sustainable development. As the indicator is a new CSD indicator, the impact of its inclusion on indicators of sustainable development at the country level cannot yet be assessed. However, based on a quick review of national indicator sets, it appears that there is potential to make more use of the indicator in the context of sustainable development, especially in developing countries. The indicator, or a variant of it, is currently used as a sustainable development indicator in a few countries in Europe.

**Action points**

37. Despite the fact that the current definition of Millennium Development Goals does not refer to the control of non-communicable diseases, including tobacco control, as a risk factor, there is growing recognition that tobacco control is a development issue. The inclusion of tobacco use prevalence as an indicator of

sustainable development in the recent publication of the Department of Economic and Social Affairs is a good illustration of this progress. Preliminary research by WHO shows that tobacco control activities are not yet being included in national poverty reduction strategies. Based on more extensive research on the issue, WHO is planning to develop and propose a strategy to take into account tobacco control in national development programmes. The input from organizations such as UNDP, UNCTAD, the World Bank and IMF will be very helpful.

## D. Gender and tobacco

38. In the preamble to the Framework Convention on Tobacco Control there is clear concern raised about tobacco use among women and young girls and the importance of addressing gender-specific risks while developing tobacco control strategies. This provides the legal framework against which the success of addressing gender and tobacco in all other articles of the Convention should be measured. The preamble also recognizes the contribution that women can make to leadership.

39. For years, the industry has conducted research on how to increase sales to women. In many countries, tobacco companies are courting women's groups through funding of domestic violence shelters, promoting beauty pageants and entertainment events. Worldwide, tobacco consumption by males is four to ten times higher than by females. In addition to the fact that women are now the target market of the tobacco industry, which leads to increased prevalence, this is a gender issue because the high rates of male smoking mean that the majority of victims of second-hand smoke are women and children. Also, when men die or are disabled, the economic and caretaking burden falls mainly on women. In tobacco growing and production, women do most of the labour-intensive work of weeding, leaf selection and drying. The same can be said in the case of bidi production in South-East Asia.

### Action points

40. Addressing the gender-specific aspect of tobacco use can be done through different approaches. This includes, for example, providing skills development for pregnant women on how to talk to partners about hazards of second-hand smoke in the home; supporting research on how the tobacco industry is creating alliances with women's groups including through women's agricultural unions and tobacco workers' associations; ensuring that rural women, including bidi workers, are included as active participants in the planning, design and implementation of tobacco information, education and communications programmes intended for them.

## E. Tobacco control and the tobacco industry

41. The preamble to the Convention recognizes the need to "... be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts and the need to be informed of activities of the tobacco industry that have a negative impact on tobacco control efforts ...". Also, in the general obligations set out in article 5, there is a clause calling on Parties to protect the policies from the interests of the tobacco industry.

42. Comprehensive tobacco control policies and programmes are effective in reducing consumption and the industry is trying to thwart their implementation, particularly in developing countries. The various ways the tobacco industry attempts to interfere with, and eventually weaken, tobacco control include promoting self-regulation, drafting and distributing tobacco-friendly sample legislation, subverting legislation and exploiting loopholes or attempting to bribe legislators. With the change in the social environment and in the face of an increased demand for accountability, tobacco companies have been pursuing a corporate social responsibility strategy.

43. WHO has been trying to monitor the activities of the industry in this regard and recently published a report that discusses industry efforts in sponsoring education, health and other philanthropic activities. The challenge now is to disseminate information on the true purpose and scope of activities framed as corporate social responsibility performed by the tobacco industry among policymakers and opinion leaders, as well as the population. It is important to note here that the Conference of the Parties to the Convention has set up a working group to develop guidelines on article 5.3 of the Convention on protection from tobacco industry influence.

44. The working group, composed of 21 Parties to the Convention, has finished its work in developing draft guidelines and will present the document to the Conference of the Parties at its third session. The purpose of these guidelines is to ensure that efforts to protect tobacco control from commercial and other vested interests of the industry are comprehensive and effective. The successful implementation of article 5.3 guidelines, due to their cross-cutting nature, would have an overarching impact on the countries' tobacco control policies and successful implementation of the Convention.

**Global Compact Initiative**

45. The Global Compact is the world's largest voluntary corporate citizenship initiative. It has two objectives: to make the Global Compact and its principles part of business strategy and operations; and to encourage cooperation among key stakeholders by promoting partnerships in support of United Nations goals. Its ten universal principles are derived from international instruments and address human rights, labour standards, the environment and anti-corruption. The Global Compact is not a regulatory instrument, it is a voluntary initiative with a network-based character. The initiative is a learning and dialogue platform and not a seal of approval for the companies participating in it.

46. It relies on public accountability, transparency and the enlightened self-interest of companies, labour and civil society to initiate and share substantive action in pursuing the principles upon which the Global Compact is based. Importantly, the Global Compact is intended to complement and not substitute government regulation.

47. In support of WHO policies on tobacco, the Global Compact Office tries to dissuade tobacco companies from joining the initiative and does not accept funding from tobacco companies. It has recently made a commitment to not allow tobacco companies to make presentations at any of its global events or to allow them to use the global brand in any other way to raise their profile. However, given its current prerogatives, the Global Compact cannot prevent tobacco companies from joining

the initiative. For example, a couple of tobacco companies were able to join through the local networks of the initiative.

48. Nevertheless, the first requirement of all Global Compact participants is that they should comply with all applicable national and international law. Furthermore, the Global Compact has integrity measures that include a dialogue facilitation process so that if credible allegations are made that a company participating in the initiative is engaged in systematic and egregious abuse of the principles, the matter could be raised with the company and they could be asked to respond to the person or organization raising the matter. In the case of the few tobacco companies participating in the initiative, if an allegation were made that a company was not complying with national tobacco control laws, the process could be invoked by sending a warning to the company.

**Action points**

49. WHO believes that the tobacco industry and corporate social responsibility are an inherent contradiction. It is unfortunate that some tobacco companies have been able to join the Global Compact given that it is an important corporate citizenship initiative. WHO can continue to monitor the activities of the industry and forward information to the Global Compact when a company infringes national laws relating to tobacco control. This can eventually be used by the Global Compact when the status of a company is reviewed and can be included in the portfolio of the company when its Global Compact participant status is reviewed.

# IV. Update on the WHO Framework Convention on Tobacco Control and its implementation

50. As at May 2008, there were 154 Parties to the Convention, representing about 80 per cent of the world population. Two sessions of the Conference of the Parties, which is the governing body of the Convention, have been convened. The third session will be held in South Africa in November 2008. The Tobacco Free Initiative acted as the interim secretariat of the Convention until mid-2007 when the permanent secretariat was operationalized and Haik Nikogosian was appointed its head. The secretariat's functions include, inter alia, supporting the work of the Conference and its subsidiary bodies (e.g., intergovernmental negotiating bodies); providing support to Parties, particularly developing country Parties and Parties with economies in transition; and ensuring coordination with competent international and regional intergovernmental organizations.

51. At the second session of the Conference, decisions included the adoption of the guidelines for implementation of article 8 on protection from exposure to tobacco smoke; further work on the guidelines on product regulation; and the development of new guidelines addressing different articles of the Convention, including article 5.3 on protection from tobacco industry influence, article 11 on packaging and labelling of tobacco products, article 12 on education, communication, training and public awareness, article 13 on tobacco advertising, promotion and sponsorship. The Conference decided to establish an intergovernmental negotiating body open to all Parties to draft and negotiate a protocol on illicit trade in tobacco products, which will build upon and complement the provisions of article 15 of the Convention on illicit trade in tobacco products.

52. With regards to funding and technical assistance needed for tobacco control implementation, article 26.5 (c) of the Convention provides that "the Conference of the Parties in its first session shall review existing and potential sources and mechanisms of assistance based on a study conducted by the secretariat ...". A review of existing and potential sources and mechanisms of assistance was prepared for the Conference's first session in February 2006. One of its main conclusions was that recognition was needed on the part of the international donor community that tobacco is a fundamental part of the Millennium Development Goals, but it will be up to developing and transition countries to prioritize tobacco control within their country strategies and begin the necessary dialogue with donors.

53. At the end of the session, a decision was adopted to invite the United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control to provide a report on its activities and possible relevance to increasing accessibility to funding for tobacco control, and an outline of its work in intensifying the United Nations response to tobacco control to the second session of the Conference of the Parties. It also called upon developing country Parties to conduct needs assessments in light of total obligations related to implementation of the Convention, and communicate prioritized needs to development partners.

54. In response to the decision, a report of the Task Force was submitted. It highlighted the multisectoral capacity of this platform but noted that considerable work remained to be completed in the area of collaboration and more concrete joint work between agencies was required. During the session, a document on financial resources and mechanisms of assistance was also submitted. The document provided a methodology for the country needs assessment exercise. It also reiterated that it will remain up to developing country Parties to initiate the necessary dialogue with donors.

55. The decision that arose from the session was to ask the Convention secretariat to actively seek extrabudgetary contributions from Parties and other international donors, including intergovernmental organizations, specifically for the purpose of helping Parties in need to carry out needs assessments. These decisions were reaffirmed during the second session of the Conference and the Convention secretariat was also requested to update the financial mechanisms available to Parties in need.

56. As part of its mandate to increase capacity within countries to help implement the provisions of the Convention, WHO presented the MPOWER package with the publication of the Report on the Global Tobacco Epidemic, 2008. The MPOWER package is a set of cost-effective tobacco controls that build on the demand reduction measures of the Convention; they include: monitor tobacco use and prevention policies; protect people from tobacco smoke; offer help to quit tobacco use; warn about the dangers of tobacco; enforce bans on tobacco advertising, promotion and sponsorship; and raise taxes on tobacco.

57. This report — and future editions — will show countries how to reverse the tobacco epidemic. The reports will also keep track of global, regional and country progress of the fight against the epidemic. One finding of the report is that, while leaders around the globe have begun to recognize that tobacco use is an epidemic that can and must be confronted and stopped, only 5 per cent of the world's population is covered by any one of the key interventions. Another result is that

tobacco tax revenues are more than 500 times higher than expenses on tobacco control.

**Outcomes of the first meeting of the intergovernmental negotiating body of the protocol on illicit trade in tobacco products**

58. In February 2006, the first session of the Conference of the Parties considered the issue of developing a protocol on illicit trade in tobacco products. The protocol would build upon and complement the provisions of article 15 on illicit trade in tobacco products. At the end of the session, the Conference decided to establish an expert group to prepare a template for a protocol on illicit trade, on the basis of article 15 of the Convention, taking into account the work of competent entities. The template of a protocol on illicit trade developed by the expert group was forwarded to the Conference for consideration at its second session in Bangkok in July 2007. The Conference accepted the template developed by the expert group as the basis for initiating negotiations on a protocol on illicit trade in tobacco products.

59. The Conference decided to establish an intergovernmental negotiating body mandated to develop a protocol and open to all Parties to the Convention. The first session of the intergovernmental negotiating body was held in Geneva from 11 to 16 February 2008. Based on comments by delegations, the chairperson is now in the process of developing a chairperson's text of the protocol for consideration by the intergovernmental negotiating body at its second session, which is expected to take place in October 2008.

## V. Potential areas of collaboration with other agencies

60. At the seventh session of the Task Force, the participating agencies discussed the areas in tobacco control for which collaboration can help achieve better results in curbing the epidemic.

*Smoke-free workplaces*. From an occupational perspective, ILO is actively involved in promoting smoke-free workplaces. The ILO SOLVE educational programme aims to tackle psychosocial problems in the workplace. It addresses smoking as one of its five key psychosocial issues. There were discussions on the development by ILO of a code of practice on smoking in the workplace. However, this project has not yet been launched and actions need to be taken by both WHO and ILO to revive the project. ILO codes of practice are practical guides that are non-binding standards but are often more widely used than other instruments, and can function as the basis for national laws.

*Tobacco and youth*. Inter-agency collaboration, specifically with UNICEF and UNESCO, in order to raise the profile of tobacco control with a special emphasis on children and young people, is valuable. WHO is currently working on developing recommendations for effective tobacco control policies and strategies for youth and the work will gain from the support of UNICEF and UNESCO. Technical input from UNICEF and UNESCO in the preparations of the World No Tobacco Day 31 May 2008 under the theme "Tobacco-Free Youth" will also be important.

*Tobacco and poverty*. WHO collaborated with the Division for Sustainable Development in developing a tobacco indicator that was included in the 2007 Indicators of Sustainable Development publication. More collaboration with CSD

can be initiated through partnerships but entry points for such collaboration need to be further explored. Additionally, the development of a strategy for the inclusion of tobacco control activities in development programmes would benefit from the input of UNDP, IMF and the World Bank.

*Tobacco growing*. There is a need to monitor production trends as consumption is decreasing in the developed world and increasing in developing countries. In addition, there is merit in actively helping countries to find economically viable alternative activities for tobacco growers and those whose livelihoods depend on tobacco growing. The active participation of FAO, ILO and the World Bank in the second meeting of the study group on economically sustainable alternatives to tobacco growing in Mexico in June 2008 will be very important. The input of FAO, ILO and the World Bank in providing ideas for the work of the study group and helping develop the plan of action will be very welcome.

# VI. Conclusions and recommendations

61. **The following recommendations are submitted to the Economic and Social Council:**

(a) **Exposure to second-hand smoke needs to be very strictly regulated in order to protect the health of workers. This is becoming the norm in an increasing number of countries implementing strong smoke-free policies. With the growing political support for smoke-free policies and the adoption of the Convention guidelines on article 8 on protection from exposure to tobacco smoke, the Task Force recommends that the United Nations as a whole should adopt a strong stance on the issue and adopt a resolution on smoke-free premises in accordance with Economic and Social Council resolution 2006/42. Therefore, the Task Force suggests that Member States of the Economic and Social Council restate its recommendation to the General Assembly at its upcoming substantive session of 2008 to consider a complete ban on smoking and on sales of tobacco products at United Nations premises.**

(b) **With the establishment of the study group on economically sustainable alternatives to tobacco growing by the Conference of the Parties to the Convention, there is now a platform to facilitate research and work on the challenges raised by tobacco growing. Stronger involvement of agencies such as FAO, ILO and the World Bank to help advance the work of the study group is essential to address the concerns of tobacco-growing developing countries, which can be quite dependent on this crop.**

(c) **As recognized by Economic and Social Council resolution 2004/62, tobacco use does not only have negative health, social and environmental consequences but also undermines efforts towards poverty alleviation. While the Millennium Development Goals do not provide a specific target for reducing non-communicable diseases, including use of tobacco products, the inclusion of tobacco control activities in national development plans of countries is essential. The Task Force particularly encourages the input of UNDP and specialized agencies such as the World Bank and the IMF in the work of WHO to develop a recommended strategy to incorporate tobacco control in development plans.**

**(d) The tobacco industry and corporate social responsibility are an inherent contradiction. It is unfortunate that some tobacco companies have been able to join the Global Compact, which is an important corporate citizenship initiative. This status may be perceived as giving them leeway to promote their activities and their image as socially responsible corporations. The Task Force therefore recommends stronger collaboration between WHO and the Global Compact whereby WHO could continue to monitor the activities of the industry. This could then play an important role in the review of the participation status of a company in the Global Compact.**

# Annex I

**Resolution**
**2006/42**
**Smoke-free United Nations premises**

*The Economic and Social Council,*

*Recalling* its resolution 2004/62 of 23 July 2004,

*Taking note* of the report of the Secretary-General on the Ad Hoc Inter-Agency Task Force on Tobacco Control,[a]

*Noting with concern* the serious harmful impact of second-hand smoke on the health of non-smokers, which can lead to disease, disability and death,

*Acknowledging* that second-hand smoke at the workplace is a fully preventable occupational health hazard,

*Recalling* article 8 of the World Health Organization Framework Convention on Tobacco Control,[b] entitled "Protection from exposure to tobacco smoke", which states, inter alia, that each party shall adopt and implement measures to provide "protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor places and, as appropriate, other public places",

*Emphasizing* the importance of protecting the well-being of individuals in their working environments,

1. *Recommends* that the General Assembly, at its sixty-first session, consider the implementation of a complete ban on smoking at all United Nations indoor premises, at Headquarters as well as at regional and country offices throughout the United Nations system, and the implementation of a complete ban on sales of tobacco products at all United Nations premises;

2. *Also recommends* that the General Assembly request the Secretary-General to submit a report on the implementation of the present resolution to the Economic and Social Council at its substantive session of 2008;

3. *Decides* to continue its consideration of the agenda item entitled "Tobacco or Health" at its substantive session of 2008.

*42nd plenary meeting*
*27 July 2006*

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[a] E/2006/62.
[b] United Nations, *Treaty Series*, vol. 2302, No. 41032.